•	ROUTING AND TRANSMITTAL SLIP  O: (Name, office symbol, room number, building, Agency/Post)				
				10 Oct 79	
TO				Initials	Date
1.	COL CAPPS			X	BCT //
2	COL WELLS			2280	11/10/9
3.	MG THOMPSON			Ear	100
4.					
_	SUBJ: INSCOM GI	RILL FLAME/SCIENCE	EVAI	JATTON	
	Action	File	No	te and Return	
	Approval	For Clearance	Per	Per Conversation	
	As Requested	For Correction	Pre	Prepare Reply	
	Circulate	For Your Information	Sec	See Me	
	Comment	Investigate		Signature	
	Coordination	Justify			

REMARKS FYI, the attached memo to the GF Science Eval Group is my input regarding INSCOM. I expect that all or part of it will appear in the final report.

## GRILL FLAME (U) GLOSE HOLD/HAND GARRY

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions.

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bidg.

Phone No.

Phone No.

OPTIONAL FORM 41 (Rev. 7–76)

Prescribed by GSA
FPMR (41 CFR) 101–11.206